

**SOX9 antibody - N-terminal region**  
**Rabbit Polyclonal Antibody**  
**Catalog # AI16242****Specification****SOX9 antibody - N-terminal region - Product Information**

|                   |                                                                                         |
|-------------------|-----------------------------------------------------------------------------------------|
| Application       | WB                                                                                      |
| Primary Accession | <a href="#">P48436</a>                                                                  |
| Other Accession   | <a href="#">NM_000346</a> , <a href="#">NP_000337</a>                                   |
| Reactivity        | Human, Mouse, Rat, Rabbit, Pig, Bovine, Neisseria Gonorrhoeae, Guinea Pig, Dog          |
| Predicted         | Human, Mouse, Rat, Rabbit, Pig, Chicken, Bovine, Neisseria Gonorrhoeae, Guinea Pig, Dog |
| Host              | Rabbit                                                                                  |
| Clonality         | Polyclonal                                                                              |
| Calculated MW     | 56kDa kDa                                                                               |

**SOX9 antibody - N-terminal region - Additional Information****Gene ID** 6662

|                                  |                          |
|----------------------------------|--------------------------|
| Alias Symbol                     | <b>CMD1, SRA1, CMPD1</b> |
| <b>Other Names</b>               |                          |
| Transcription factor SOX-9, SOX9 |                          |

**Format**

Liquid. Purified antibody supplied in 1x PBS buffer with 0.09% (w/v) sodium azide and 2% sucrose.

**Reconstitution & Storage**

Add 100 ul of distilled water. Final anti-SOX9 antibody concentration is 1 mg/ml in PBS buffer with 2% sucrose. For longer periods of storage, store at 20°C. Avoid repeat freeze-thaw cycles.

**Precautions**

SOX9 antibody - N-terminal region is for research use only and not for use in diagnostic or therapeutic procedures.

**SOX9 antibody - N-terminal region - Protein Information****Name** SOX9 {ECO:0000303|PubMed:7990924, ECO:0000312|HGNC:HGNC:11204}**Function**

Transcription factor that plays a key role in chondrocytes differentiation and skeletal development (PubMed:<a href="http://www.uniprot.org/citations/24038782" target="\_blank">24038782</a>). Specifically binds the 5'-ACAAAG-3' DNA motif present in enhancers and super-enhancers and promotes expression of genes important for chondrogenesis, including cartilage matrix protein-coding genes COL2A1, COL4A2, COL9A1, COL11A2 and ACAN, SOX5 and SOX6 (PubMed:<a href="http://www.uniprot.org/citations/8640233" target="\_blank">8640233</a>).

Also binds to some promoter regions (By similarity). Plays a central role in successive steps of chondrocyte differentiation (By similarity). Absolutely required for precartilaginous condensation, the first step in chondrogenesis during which skeletal progenitors differentiate into prechondrocytes (By similarity). Together with SOX5 and SOX6, required for overt chondrogenesis when condensed prechondrocytes differentiate into early stage chondrocytes, the second step in chondrogenesis (By similarity). Later, required to direct hypertrophic maturation and block osteoblast differentiation of growth plate chondrocytes: maintains chondrocyte columnar proliferation, delays prehypertrophy and then prevents osteoblastic differentiation of chondrocytes by lowering beta-catenin (CTNNB1) signaling and RUNX2 expression (By similarity). Also required for chondrocyte hypertrophy, both indirectly, by keeping the lineage fate of chondrocytes, and directly, by remaining present in upper hypertrophic cells and transactivating COL10A1 along with MEF2C (By similarity). Low lipid levels are the main nutritional determinant for chondrogenic commitment of skeletal progenitor cells: when lipids levels are low, FOXO (FOXO1 and FOXO3) transcription factors promote expression of SOX9, which induces chondrogenic commitment and suppresses fatty acid oxidation (By similarity). Mechanistically, helps, but is not required, to remove epigenetic signatures of transcriptional repression and deposit active promoter and enhancer marks at chondrocyte-specific genes (By similarity). Acts in cooperation with the Hedgehog pathway-dependent GLI (GLI1 and GLI3) transcription factors (By similarity). In addition to cartilage development, also acts as a regulator of proliferation and differentiation in epithelial stem/progenitor cells: involved in the lung epithelium during branching morphogenesis, by balancing proliferation and differentiation and regulating the extracellular matrix (By similarity). Controls epithelial branching during kidney development (By similarity).

#### Cellular Location

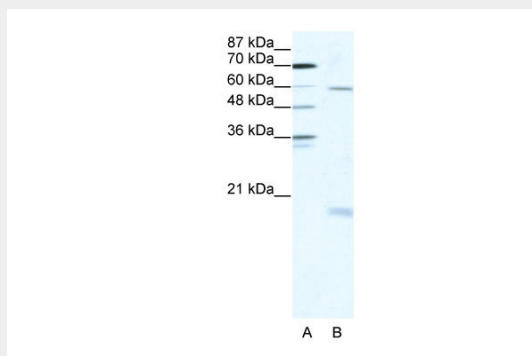
Nucleus {ECO:0000255|PROSITE-ProRule:PRU00267, ECO:0000269|PubMed:8640233}

#### SOX9 antibody - N-terminal region - Protocols

Provided below are standard protocols that you may find useful for product applications.

- [Western Blot](#)
- [Blocking Peptides](#)
- [Dot Blot](#)
- [Immunohistochemistry](#)
- [Immunofluorescence](#)
- [Immunoprecipitation](#)
- [Flow Cytometry](#)
- [Cell Culture](#)

#### SOX9 antibody - N-terminal region - Images



WB Suggested Anti-SOX9 Antibody Titration: 2.5µg/ml  
ELISA Titer: 1:12500

Positive Control: HepG2 cell lysate

SOX9 is strongly supported by BioGPS gene expression data to be expressed in Human HepG2 cells

#### **SOX9 antibody - N-terminal region - Background**

Plays an important role in the normal skeletal development. May regulate the expression of other genes involved in chondrogenesis by acting as a transcription factor for these genes.

#### **SOX9 antibody - N-terminal region - References**

Foster J.W.,et al.Nature 372:525-530(1994).

Wagner T.,et al.Cell 79:1111-1120(1994).

Kalnine N.,et al.Submitted (MAY-2003) to the EMBL/GenBank/DDBJ databases.

Mural R.J.,et al.Submitted (JUL-2005) to the EMBL/GenBank/DDBJ databases.

Cox J.J.,et al.N. Engl. J. Med. 364:91-93(2011).